## PART B - FEE(S) TRANSMITTAL

Complete and send this form, togeth ith applicable fee(s), to: Mail Mail Stop I

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as reported below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for a possible of the current correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for a possible of the current correspondence address and or (b) indicating a separate "FEE ADDRESS" for a possible of the current correspondence address and or (b) indicating a separate "FEE ADDRESS" for a possible of the current correspondence address and the current cor

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)	Note: A certificate of ma

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

81897 7590 00/24/2010

RatnerPrestia P.O. Box 980

10/629,308

Certificate of Mailing or Transmission

Valley Forge, PA 19482-0980

I hereby certify that this Feeds | Transming or Transmission |

I hereby certify that this Feeds | Transmint is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2853, on the date indicated below.

		41.7.00	and the second s	Q. q. and	
			(Signétian		
			Ф		
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/629 308	07/29/2003	Zhong Zhang	TPIP018	6429	

TITLE OF INVENTION: AQUEOUS 2,6-DIISOPROPYLPHENOL PHARMACEUTICAL COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUB	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$755	\$300	\$0	\$1055	12/27/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GEMBEH, SHIRLEY V		1628	514-731000			
Change of correspondence address or indication of "Fee Address" (37 R. 1.563).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(1) the names of up to 3 registered patent attorneys		cys -		

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required.

or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Transform Pharmaceuticals, Inc.

(A) NAME OF ASSIGNEE

Advance Order - # of Copies

Lexington, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity. 🚨 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

Issue Fee Dublication Fee (No small entity discount permitted)

A check is enclosed. Payment by eredit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.

Date December 22 2010 Authorized Signature Registration No. 64, 253 Typed or printed name Lisa Mead

This collection of information is required by 37 CFR. [31]. The information is required to obtain or retain a benefit by the public which is file (and by the LUFFO to process) an application. Confidentially is governed by 32 CFR. [31]. The information is required to extend to the LUFFO and the confidential is a confidentially is governed by 32 CFR. [31]. The confidential is the confidential is a confidential by a confidential is a confidential by a confident

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.